

	STATE BOARD OF PHARMACY 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056	REGISTRATION APPLICATION: Duplicate Pocket Card Form LA-80
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INSTRUCTIONS
All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff. In accordance with K.S.A. 65-1644, the Board may only issue duplicates as a result of loss or destruction.

FEES
Enclose a check or money order payable to the Kansas State Board of Pharmacy for \$1.25. Do not send cash to the Board office. Fees are nonrefundable.

LICENSE or REGISTRATION INFORMATION			
First Name	Middle Name	Last Name	
Kansas License/Registration Number		Type: <input type="checkbox"/> Pharmacist <input type="checkbox"/> Intern <input type="checkbox"/> Technician	
Address			
City	State	Zip	County
Home Phone	Cell Phone		Email

APPLICANT CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form, that the document referenced above has been lost or destroyed and has not been given away or disposed of to some other person, and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED

Initials: _____	OFFICE USE ONLY		
Permit #: _____	Fee: \$ _____	Date: _____	Check #: _____